OSAH FORM 1

This form is available online at http://www.ganet.org/osah/form.html or by telephone request at (404)657-2800.

COUNTY

JUDGE

OSAH USE ONLY AGENCY CODE CASE TYPE DOCKET NUMBER

DOCKET NUMBER	СТС	СС				
NAME OF REFERRING AGENCY: CORONER'S TRAINING COUNCIL						
COUNTY OF NON-A	AGENCY PARTY	'S RESIDENCE				
DATE OF HEARING	REQUEST:					
CONTACT PERSON	I IN REFERRING	G AGENCY				
NAME:			TEL NO:	FA	X NO:	
CURRENT ADDRESS INC	LUDING ZIP CODE ON	HEARING REQUEST	POSITION	EN	MAIL:	
				PA	GER:	
ATTORNEY FOR RI	FFERRING AGE	NCY	<u> </u>			
ATTORNEY NAME:	LI LIKKIITO AGE		TEL NO:	FA	X NO:	
CURRENT ADDRESS INC	LUDING ZIP CODE		GEORGIA B	AR NO:	MAIL:	
				PA	GER:	
CORONER						
NAME:			TEL NO:	FA	X NO:	
CURRENT ADDRESS INC	LUDING ZIP CODE ON	I HEARING REQUEST	CERTIFICAT	E OR PERMIT NO: EN	MAIL:	
				PA	GER:	
CORONER'S ATTO	RNEY					
ATTORNEY NAME:			TEL NO:	FA	X NO:	
CURRENT ADDRESS INC	LUDING ZIP CODE		GEORGIA B	AR NO:	MAIL:	
				PA	GER:	
DARTY PEOLIESTIN	NG THE HEADIN	IG:	AGENCY □ CORONE	ED CODONEDIS A	TTOPNEY	
PARTY REQUESTING THE HEARING: REFERRING AGENCY CORONER CORONER'S ATTORNEY. FOR PUPOSES OF THIS HEARING, THE PARTY INDICATED WILL BE PETITIONER RESPONDENT IN THIS MATTER.						
			ent 1" to this form, attach			
	SOLVED: As "Att	achment 2", attach	an outline of legal issues a			earing
			sheet identifying any statu OSAH in resolving the mat		eral) establishing	any
			e on the agency's attorney he agency after a decision	, the agency contact pe	rson requests the	following:
 □ service of all documents prior to certification of the file to the agency after a decision □ service of a copy of the notice of hearing □ service of a copy of a continuance □ service of copy of any interim orders. 						
		-	cy at the address indic			e contact
person's attention unless written instructions provide an alternative place for service.						